FEC FORM 3X

Office

Use Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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FEC FORM 3X

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	(a) Chas	uterly Repa	ds:		100	e on.	M	ar 20 (M3))	Jun 20	(M6)		Sep	20 (M	19)		Dec 2 (Non-B Year O	
		And 46		:			A	pr 20 (M4)	ı	Jul 20	(M7)		Oct	20 (M	10)			n (YE)
	X	April 15 Quarterly July 15	Report (C	11)	(c)	12-Day	*		Primary (12P)	٠	G	eneral	(12G)			 Runol	f (12A)
		Quarterly October 1		(2)		PRE-E Report	for the:		Conventio	on (12C)		Sį	petrial	(128)				
		Quarterly	Report (C	13)						. ,					ì	n the	•	
		January 3 Year-End		TE) .			Elec	tion un							_	itate o	F .	
		July 31 M Report (N Year Only	on-electio	n :	(d)		Election		General ((30G)		A	unoff ((30R)			Speci	el (30S)
		Terminatio (TER)	n Report	:		riepoti	for the: Bec	tion on		• :	٠.					n the State of	ř	
5.	Covering	ı Period	. 0	. , 1 '	0	1 :	2 6	 1 4	throug	ıh .	0 3	3	1	2 (0 1	4	N	
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

V	/rite (FEC Form 3X (Rev. 02/2003) or Type Committee Name	OF RECEIPTS AND DISBURSEMENTS	Page 2
A	eport	t Covering the Period: From:	01 01 2 0 1 4 _{To:} 0 3 3	1 2 0 1 4
			COLUMN A COLU This Period Calendar Y	
	(a)	Cash on Hand January 1, 2 0 1 4		0,00
	(b)	Cash on limital at Beginning of Reporting Period	O O	
	(c)	Total Receipts (from Line 19)	5,770.00	5 ,7 7 0 ,0 0
	(d)	Subtotal (add Lines 6(b) and 6(c) for Cotumn A and Lines 6(a) and 6(c) for Column B)	5,770,00	5 ,7 7 0 .0 0
	Tota	al Disbursements (from Line 31)	415306	4 1 5 3 0 6
•	Rep	sh on Hand at Close of porting Period biract Line 7 from Line 6(d))	161694	161694
•	the	hts and Obligations Owed TO Committee (Itemize all on medula C and/cc Schedule D)	 	
0.		bts and Obligations Owed BY Committee (Itemize all og	<u>-</u> .	
		hedule C and/or Schedule D)	467000	
		This committee has qualified as a n	ulticandidate committee. (see FEC FORM 1M)	
			For further information contact:	
			Federal Election Commission 999 E Street, NW Washington, DC 20463	. •
			Toll Free 800-424-9530 Local 202-694-1100	

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

ı	FEC Form 3X (Rev. 06/2004)	<i>D</i> _ 1	#13 in L	of	Recei	ipts							Pa	ge 3		ı
- N	Write or Type Committee Name															
	-	M	UNOZ	Z GR	OUP	PAC	;									
R	Report Covering the Period: From:	ÓΪ	Ö	1	Ž	Ŏ	1 4	,		То:	0 3	3 1	:	2 ò	ì	4
	I. Receipts			٦	COI otal T	LUMI Tris		pd			Cale	COLUMI ndar Yea		Date		J-1-1-1-1
11.	Contributions (other than loans) From:															
	(a) Individuals/Persons Other Than Political Committees															
	(i) Itemized (use Schedule A)										:					
	(ii) Uniternizeal			:												
	(iii) TOTAL (add										•					
	Lines 11(a)(i) and (ii)							-								
	(b) Political Party Committees				1	1 1	0	0	0 0			1	1 (0 - 0	0	0
	(c) Other Political Committees															
	(such as PACs)(d) Total Contributions (add Lines					•		•					-			
	11(a)(iii), (b), and (c)) (Catty											·				
	Totals to Line 33, page 5)			•	1	1.1	0	0 .	0 0			1	, 1 (0 0	. 0	0
12.	Transfere From Affiliation/Cither Party Committees															
	raily owns income in the control of															
13.	All Loans Received		•		4	6,4	7	0	0 0			4	6 7	7 0	0	0
14.	Loan Repayments Received															
15.	Offsets To Operating Expenditures					•					~					
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)															
16.	Refunds of Contributions Made															
	to Federal Candidates and Other															
	Pelitical Committees		•													
17.	Other Federal Receipts (Dividends, Interest, etc.)															
18.	Transfers from Non-Federal and Levin Fun	nds		٠.		٠.		-								
	(a) Non-Federal Account															
	(from Schedule H3)												-			
	(b) Levin Funds (from Schedule H5)												-			
	(c) Fotal Transfers (add 18(a) and 18(b))			-												
19.	. Total Receipts (add Lines 11(d),												•			
	12, 13, 14, 15, 16, 17, and 18(c))				5	7	7	0	0 0			5	7 7	7 0	. 0	0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

		IL Disbursements	COLUMN A Total This Petiod	COLUMN B Calendar Year-to-Bate						
21.		erating Expenditures: ——	1000 1000 1000							
	(a)	Allocated Federal/Non-Federal Activity (kom Schedule H4)	·							
		(i) Federati Share	2.6 1 2, 2 6	. 2,6 1 2,26						
		(ii) Non-Federal Share	•							
	(b)	Other Federal Operating	,	· •						
	(~)	Expenditures								
	(4	Total Operating Expenditures	,	•						
	(0)	(add 2i(a)(i), (a)(ii), and (b))	2.6 1 2 2 6	26122						
9	Trai	nsiers to Affikated/Other Party	2.0 12.20	. 2.0122						
		nmittee								
3.	Con	Induons 10	• "							
	Fed	eral Candidates/Committees Other Political Committees	·							
4		ependent Expenditures	• •	•						
			1.540.80	1.5408						
5.	Çõ	Schedule E)								
	(na	J.S.C. §441a(d)) • Schedule F)								
	,		•	· •						
6 .	Long	n Reparyments Made								
				· • • • • • • • • • • • • • • • • • • •						
7.	Loa	ns Made								
В.	Hen	unas of Contributions 10:	•	•						
	(a)	Individuals/Persons Other Than Political Committees	·							
			· .	• • • • • • •						
	(b)	Political Party Committees								
		Other Political Committees		`						
	• •	(such as PACs)								
		•								
	(d)	Total Contribution Refunds								
		(add Lines 28(a), (b), and (c))								
			•	,						
9.	Oth	er Disbursements								
		•		· ·						
0.	Fed	leral fillaction Activity (2 U.S.C. §431(20))	•							
	(a)	Allocated Federal Election Activity								
		(from Schedule H6)								
		(i) Federal Share		•						
		(ii) "Levin" Share	-							
	(b)	Federal Election Activity Paid Entirely		•						
		With Federal Funds								
	(C)	Total Federal Election Activity (add								
		Lines 30(a)(i), 30(a)(ii) and 30(b))▶	-							
1	T~+-	al Disbursements (add Lines 21(c), 22,								
٠.		24, 25, 26, 27, 28(d), 29 and 30(c))	44544							
	۳,	27, 24, 26, 21, 22(4), 23 and 30(6))	4 1 5 3 0 6	4.1 5 3 0 6						
2.	Tota	d Federal Disbursements								
	(sut	otract Line 21(a)(ii) and Line 30(a)(ii)	•							
	-	n Line 31)	4 1 5 3 0 6	415306						

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

oursements Page 5

III. Net Contributions/Operating Expenditures				
33. Total Contributions (other than loans)				
(from Line 11(d), page 3)	, 1,100.00	1,100.00		
34. Total Contribution Refunds				
(from Line 28(d))		y •		
35. Net Contributions (other than loans)				
(subtract Line 34 from Line 33)	, 1.1 0 0 . 0 0	1,100.00		
36. Total Federal Operating Expenditures				
(add Line 21(a)(i) and Line 21(b))	2.6 1 2 2 6	. 2,612 26		
37. Offsets to Operating Expenditures		•		
(from Line 15, page 3)		,		
38. Net Operating Expenditures	•			
(subtract Lime 37 from Line 36)	261226	261226		

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	CHEDULE A (FEG Form 3X) EMIZED RECEIPTS	HZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summery Pages				dy on	MBER: e) 11b [14	PAG 11c 15	E 12	OF
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma	ay not be sold or used by any publication carmittee	person le to s	for the	purp purp	ose of utions f	soliciting	contrib	utions Itea.
	NAME OF COMMITTEE (In Full)	•	GROUP PAC			····				
A.	Full Name (Last, First, Middle Initial)				Date (of Re	ceipt			
	Mailing Address								٧	
	City	State	Zip Code	\neg					- -	
	FEC ID number of contributing federal political committee.	С			Amou	nic of (Eagn H	eceipt th	is Peno	
	Name of Employer	Occupation	<u> </u>		•					
	Receipt For: Primary General Other (specify) ₩	Aggregate	Verial-to-Date ♥							
— В.	Full Name (Last, First, Middle Initial)		\dagger	Date (of Re	ceipt				
	Mailing Address									
	City	State	Zip Code	一					-,	
	FEC ID number of contributing federal political committee.			Amou	nt of	Each R	eceipt ti	is Perio	d	
	Name of Employer	Occupation	<u> </u>	\dashv			•			
	Receipt For: Primary General Other (spendiy)	Aggregate	Year-to-Date ▼						·	
С .	Full Name (Last, First, Middle Initial)				Date	of Re	ceipt			
	Mailing Address									•
	City	State	Zip Code	\dashv						

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SCHEDULE B (FEC Fo

CILDOLL B (I LO I GIIII SA)	Use separate schedule(s)	FOR LINE				
TEMIZED DISBURSEMENTS	for each category of the	(check only	/one) □22 □23 □24 □25 □26			
,	Detailed Summary Page	27	26a 26b 26c 29 30b			
Any information copied from such Reports and Staten	nents may not be sold or use	d by any pers	on for the purpose of soliciting contributions			
or for commercial pargamens, other than using the most	e end address of any politica	i cammittee to	r solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)			· '			
/	MUNOZ GROUP PA	C	·			
Full Name (Last, First, Widdle Initial)						
L			Date of Disbursement			
Mailing Address	· · · · · · · · · · · · · · · · · · ·					
Mainy Audiess	•					
City	State Zip Code					
Purpose of Disbursement						
r uipuse ui Disuulsellell			Amount of Each Disbursement this Period			
Candidata Name		Category/				
		Туре				
Office Sought: House Disbursen	nent For: Primary General	•				
	Other (specify)					
State: District:	· ·					
Full Name (Last, First, Middle Initial)						
3.			Date of Disbursement			
Malina Address						
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City	State Zip Code					
Purpose of Disburtiement						
Purpose of Dispulsement			Amount of Each Disbursement this Period			
Candidate Name		Category/				
		Туре				
Office Yought: House Disbursen						
	Primary General Other (specify)					
State: District:	Color (operaty) V					
Full Name (Last, First, Middle Initial)		,				
			Date of Disbursement			
Mailing Address			and the second second second			
reason of Particolo						
City	State Zip Code					
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name		Category/				
OF Court		Туре				
Office Sought: House Disburser Senate	nent For: Primary General	I				
	Other (specify)					
State: District:	\					
		- · · · · · · · · · · · · · · · · · · ·				
SUBTOTAL of Disbursements This Page (optional)		······				
TOTAL This Period (last page this line number only)						
TOTAL THIS FORDUL (REST PAGE CHIS HITE NUMBER ONLY)	***************************************					

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	
MUNOZ GROUP	PAC
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	Primary
ENRIQUE MUNOZ Mailing Address	X General Other (specify) ▼
PO BOX 2191	
	de 78680
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
4 6 7 0 0 0	467000
TERMS Date Incurred Date Due	
01 01 2014 01 01 2	0 1 5 2 9 4 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Accress	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
1	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
·	
SUBTOTALS This Period This Page (optional)	467000
TOTALS This Period (last page in this line only)	467000
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SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER **LENDING INSTITUTION (LENDER)** Amount of Loan Interest Rate (APR) Full Name Mailing Address Date Incurred or Established City State Zip Code **Date Due** If yes, date originally incurred A. Has loan been restructured? : : No ' : Yes B. If line of credit. Total **Outstanting** Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? Yes (Endorsers and guarantors must be reported on Schedule C.) D. Are any of the following pledged as collateral for the loan: real estate, personal What is the value of this collateral? property, goods, negotiable instruments, cartificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional calluteral? No · Yes If yes, specify: Does the lender have a perfected security interest in it? No Yes E. Are any tuture contributions or tuture receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: The first of the first Access to City, State, Zip: F. If neither of the types of collaboral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature H. Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: 1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The lizar was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complicative with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE Typed Name Signature

SCHED	ULE	D	(FEC	Form	3X)
DEBTS	AND	0	BLIGA	TIONS	3

E

(Use separate schedule(s)

PAGE FOR LINE NUMBER:

OF

EDIS	AND OBLIGATIONS	1	fo	r each	(check only one)		9
xcluding	Loans			ered line)	(albai olay olloy		10
NAME OF	COMMITTEE (In Full)						
	•						
A. Full	Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D	ebt (Purpose):	*****	
			•				
Mailing A	Adham				•		
Meaning A	Address		ŧ				
City	State	Zip Code					
Outst	anding Balance Beginning This Period			•			
1	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of	This i	Period
1							
	•	•			•	•	
B. Full I	Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):		
1							
Mailing	Address						
wazang .			- 1				
City	State	Zip Code					
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Outst	anding Balance Beginning This Period						
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1	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of	i This I	Period
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C. Full	Name (Last, First, Middle (nitial) of Debi	tor or Creditor		Nature of D	ebt (Purpose):		
	1		.]				
Mailing A	Address						
City		State Zip Code					
	nation Dalama Darinaira This Dalad				·		
Ours	anding Palance Beginning This Period						
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of	f This	Period
1) SUBTO	OTALS This Period This Page (optional)		▶				
2) TOTAL	S This Period (last page this line number	er ontv)	▶				
_,	Image bade and and image						
3) TOTAL	OUTSTANDING LOANS from Schedule	C (last page only)	▶				
A) ADR O) and B) and some forward to convenien	n line of Summany Page (lect page on	h.) b.				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

P	IGE		J	(OF		M 3X
<u> F</u>	OR (LIN	E 2	4 0	FF	OR	M 3X
DE	THE	IC/	ŒΚ)N (IBE	R♥
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IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
MUNOZ GROUP PAC	C 0 0 5 5 8 0 4 9
heck if 24-hour report 48-hour report X New report Amends report file	d on
Full Name of Payee	Date of Public Distribution/Dissemination
THE BROWNSVILLE HERALD	0 2 2 3 2 0 1 4
Mailing Address	02 23 2014
1135 E VAN BUREN ST	Amount
City State Zip Code BROWNSVILLE TX 78520	8 4 0 0 0 Date of Disbursement or Obligation
Purpose of Expenditure VOTER AWARENESS FOR FUTURE CAMPAIGNS Category/ Type	02 18 2014
Name of Federal Candidate Support Offic	ce Sought: X House District: 34TH
ARMANDO VILLALOBOS X Oppose	President Senate State:
	bursement For: Primary General X Other (spenify) POST ELECTION
Full Name of Payee	
THE BROWNSVILLE HERALD	Date of Pablic Distribution/Dissemination
Mailing Address 1135 E VAN BUREN ST	Amount
City State Zip Code	70080
BROWNSVILLE TX 78520	
Purpose of Expenditure	Date of Disbureumant or Obligation
VOTER AWARENESS FOR FUTURE CAMPAIGNS Type	03 01 2014
Name of Federal Candidate Support Offi	ce Sought: X House District: 34TH
ARMANDO VILLALOBOS X Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General X Other (specify) POST ELECTION
(a) SUBTOTAL of Itemized Independent Expenditures	1 5 4 0 8 0
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 5 4 0 8 0
Under penalty of perfury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Signature Date 0	1

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

SUBTOTAL of Expenditures This Page (optional).....

TOTAL This Period (last page this line number only).....

PAGE ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES | NO Mailing Address If YES, name the designating committee: City ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported Office Sought: House Amount Senate District: **Presidential** Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Pavee Category/ Mailing Address Type Date State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address State Zip Code 9 6 Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: **Presidential** Aggregate General Election Expenditure for this Candidate

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REPER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
TOME OF COMMITTEE (III Fully
MUNOZ GROUP PAC
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than \$0% federal funds, indicate ratio below
Federal 10000
regeral
Nonfederal
This ratio applies to (check all that apply):
Administrative X Generic Voter Drive X Public Communications Referencing Party Only X

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE	1	OF	4
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MUNOZ GROUP PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of Milocation:

- FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidates support includes public counciliations or voter divives that refer to inoth federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expresses are allocated using a time/space method.

CHECK IF THE RATIO IS: X New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL	.%
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	:2
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL	. %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	···3
New Revised Same as Previously Reported	
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ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL	 . %
ACTIVITY IS: Fundraising Direct Candidate Support	
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGI		C) -		
FOR	LINE	18a	OF	FORM	3)

		FOR	LINE 18a OF FORM 3X
AME OF COMMITTEE (In Full)			
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUN	T TRANSFERRED
	11 1 0 0 7 Y Y Y		
		,	•
BREAKDOWN OF TRANSFER RECEIVE	ED		
i) Total Administrative		•	
ii) Generic Voter Drive			
		•	
III) Exempt Activities		•	•
lv) Direct Fundralsing (List Activity or E	vent Identifier)		,
a)	·		·
	, ,		
b)			
c) Total Amount Transferred For Direc	t Fundraising	•	
v) Direct Candidate Support (List Activ	rity or Event Identifier)		
a)			
a)	• •	•	
b)			
c) Total Amount Transferred For Direc	ct Candidate Support		
, , , , , , , , , , , , , , , , , , , ,			
vi) Public Communications Referring (Only to Party (Made by PAC)		
то	TALS FOR BREAKDOWN OF TRANSFER RECEIVE	Ð	
TOTAL This Period (Administrative)			
TOTAL THE DAY OF COMMENT MANAGEMENT		•	
TOTAL This Period (Generic Voter Drive)	**************************************	•	
TOTAL This Period (Execupt Activities)	7	e 1	
TOTAL This Period (Direct Fundraising)			
	,		
TOTAL This Period (Direct Candidate Support	t)	-	-
TOTAL This Period (Public Communications I	Referring Only to Party)		
TOTAL This Period (Total Amount Transferred	Ŋ	•	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		C	F	_	
	1			1	
FOR	LINE	21a	OF	FORM	ЗХ

A .	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
-	rus resire (Cast, First, Micule Habai)		Administrative Fundraising Exemp
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
		·	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:	1	
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
_	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
7.	MUNOZ ENRIQUE		X Administrative X Fundraising Exemp
	Mailing Address PO BOX 2191		X Voter Drive Direct Candiblate Suppor
	City State Zip Code		X Public Comm (ref to party only) by PAC
	ROUND ROCK, TX 78680		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: TRAVEL SOUTH TEXAS AREA		261226
	Activity or Event Identifier:		
	ADMIN TRAVEL 2014Q1	Category/ Type	Date 0 3 3 1 2 0 1 4
	FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT
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C.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exemp
	-		Voter Drive Direct Candidate Suppor
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
		1	
	Activity or Event Identifier:	Cathgory/ Type	Date
	FEDERAL SHARE + NONFEDERAL	L SHARE	= TOTAL AMOUNT
			·
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT
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T	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) an FEDERAL SHARE NONFEDERAL		aare to 21(a)(ii)) TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FORM 3

· · · · · · · · · · · · · · · · · · ·			FOR LINE 186 OF FORM 3X
AME OF CO	MMITTEE (In Full)		
NAME OF A	ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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11)	Voter ID		
	Total Amount Transferred for Voter	r ID	•
	GOTV		GOTY
	Total Amount Transferred for GOT	V	
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NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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DOCAKOON	AN OF THE TRANSFER		
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Ŋ	Voter Registration	- Deviatorius	
	Total Amount Transferred for Vote	_	ACTION IN
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	Total Amount Transferred for Vote	r ID	
50	GOTV		GOTV
,	Total Amount Transferred for GOT	Y	
			GENERIC CAMPAIGN ACTIVITY
(v)	Generic Campaign Activity Total Amount Transferred for General	eric Campaign Activity	
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TOTA	L. This Period (Voter ID)		
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IUIA	r ।।।।३ द्याला (त्रवादाट ल्याफेस्ट्री) १	Activity)	•
TOTA	I This Derive Cotal Amount of Tow	nsfers Received)	
IVIA	r ins Laura fiora unionir of 110		•••••

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

Purpose of Disbursement Category/ Type Date	A Full Name (Last Einst Alidelle Initial)	Full Omenication	n Name		Type of Allo	cated Activity	or Event	
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SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

IAN	ME OF ACCOUNT			· -	 	· · · · · · · · · · · · · · · · · · ·			
		COLUMN A TOTAL THIS PERIOD				COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS								
	(a) Itemized(Use Schedule L-A)	t.	•			•			
	(b) Uniternized		,			,			
	(c) Total	,							
2.	OTHER RECEIPTS	•							
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	,		•		,			
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)							· · · · · · · · · · · · · · · · · · ·	
	(a) Voter Registration					•	ŗ		
	(b) Voter ID	,		-		•			
	(c) GOTV		•			1	•		
	(d) Generic Campaign		:						
٠	(e) Total	<u>*</u>						٠	
5 .	OTHER DISBURSEMENTS								
3 .	TOTAL DISBURSEMENTS(Add Lines 4e and 5)								
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	-	:	-					
B .	RECEIPTS		-						
9.	SUSTOTAL(Add Lines 7 and 8)					•	•	·	
0.	DISBURSEMENTS								
1.	ENDING CASH ON HAND								

City

B.

City

City

D.

City

SUBTOTAL of Receipts This Page (optional).......

TOTAL This Period (last page this line number only).....

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

PAGE OF Use separate schedule(s) FOR LINE NUMBER: for each category of the Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or few concrimencial purposes, whiler then using the mone and authors of any political committee to solicit continuities from such contribute. NAME OF COMMITTEE (In Full) Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period Zip Code State Nature of Employer or Principal Place of Business Aggregate Year-to-Date Cocupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period State Zip Code Name of Engologier or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation

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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER:		PAGE		OF		
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OF LEVIN FUNDS	Aggregation Page	45 44
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NAME OF COMMITTEE (In Full)		
/ Full Name (Last, First, Middle Initial) / Full Organization A.	Date of Disbursement	
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City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		. , .
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Mailing Address		
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Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		<u>l</u>
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)	- 11, 11, 12, 12, 12, 12, 12, 12, 12, 12,	<u>.</u>

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(8/2013)